

Figure 1

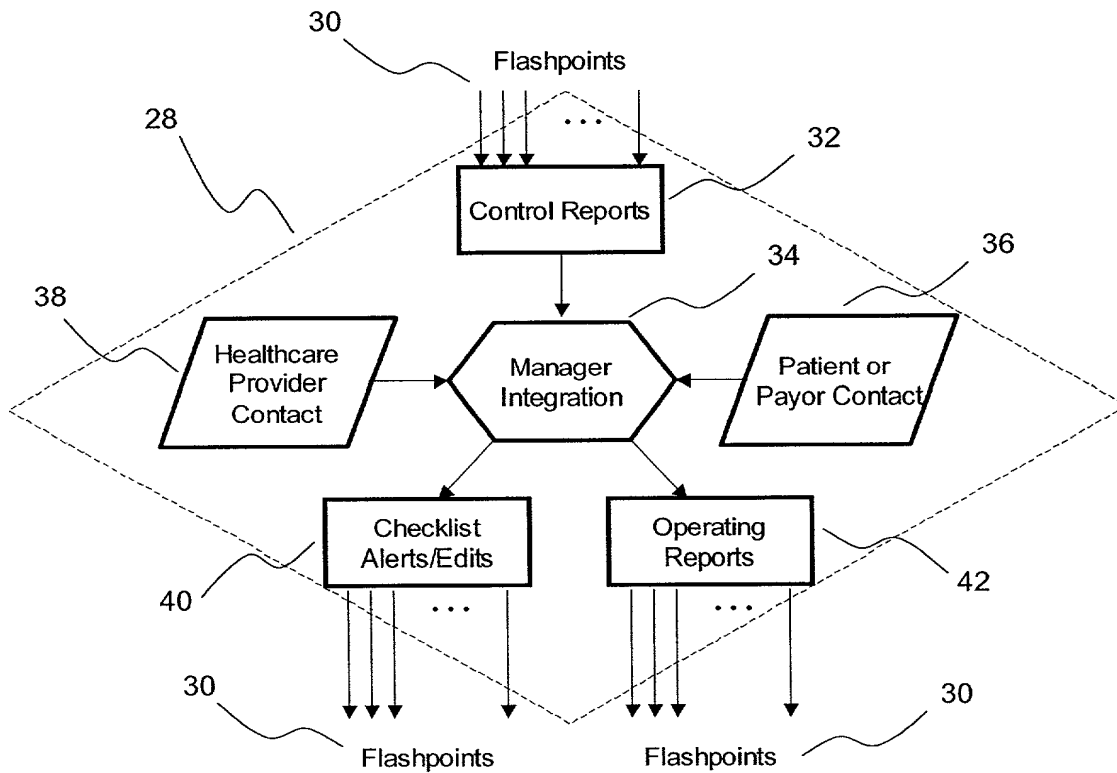


Figure 2

44

46

Flashpoint	Activities	Required Information
PRE- REGISTRATION	<ol style="list-style-type: none"> <li>1. Must complete required demographic fields. Minimum fields.</li> <li>2. Must complete insurance information.</li> <li>3. Interface with scheduling and other departments i.e., surgery, laboratory, x-ray, etc.</li> <li>4. Alerts to complete authorization process.</li> <li>5. Alerts to complete insurance verification process. Interactive online with Medicare, Card and other electronic payors.</li> <li>6. Automated Checklist</li> <li>7. Automated Deposit Calculation</li> </ol>	<ol style="list-style-type: none"> <li>1. Report of information needed prior to service.</li> <li>2. Report of information needed by patient in date of service order i.e. authorization, demographics, insurance information, etc.</li> </ol>

Figure 3a

INCOMPLETE PRE-REGISTRATION REPORT

48

Planned Date	Account #	Name	Type of Service	Outstanding Item	Responsible Party

Figure 3b

50

52

Flashpoint	Activities	Required Information
ADMISSION/ REGISTRATION	<ol style="list-style-type: none"> <li>Obtain all open items when patient presents.</li> <li>Automated checklist of required information. <ol style="list-style-type: none"> <li>Signed forms</li> <li>Scanned copy of insurance card</li> <li>Carrier specific forms signed.</li> </ol> </li> <li>Payor specific edits, i.e. 72 hour rule, observation, etc.</li> <li>Assigns all profiles.</li> <li>Automated deposit calculation.</li> </ol>	<ol style="list-style-type: none"> <li>Report of all open missing items for that day of service.</li> <li>Day end report of incomplete registrations.</li> </ol>

Figure 4a



#### INCOMPLETE REGISTRATION REPORT

54

Date of Admit	Account #	Name	Type of Service	Outstanding Item	Responsible Party

Figure 4b



109720 49064860

Flashpoint	Activities	Required Information
IN-HOUSE	1. Benefit depletion review 2. Re-certification/Authorization alerts	1. Report of potential benefit problem. 2. Report of potential authorization problems. 3. Report of incomplete information patients.

Figure 5a

**BENEFIT DEPLETION RE PORT**

Account #	Name	FC	Admit Date	Balance	Max Benefit \$	Days Max	Responsible Party

Figure 5b

**CERTIFICATIONS/AUTHORIZATIONS EXPIRING REPORT**

Date Expires	Account #	Name	Balance	Admit Date	FC	Ins. Co.	Phone #	Responsible Party

Figure 5c

64

103720 49064860

66

68

Flashpoint	Activities	Required Information
DISCHARGE	<ol style="list-style-type: none"> <li>1. Formal discharge edit with outstanding items highlighted.</li> <li>2. Apply all billing edits.</li> </ol>	<ol style="list-style-type: none"> <li>1. List of daily discharges.</li> <li>2. List of information needed.</li> <li>3. Medical records reports to prioritize outstanding uncoded accounts.</li> </ol>

Figure 6a

URGENT INFORMATION OUTSTANDING REPORT

72

Admit Date	Account #	Name	FC	Days to Bill	Info. Needed	Responsible Party

Figure 6b

DISCHARGE BILLING EDITS REPORT

74



Billing Date	Account #	Name	FC	Balance	Info. Needed/Edit	Responsible Party

Figure 6c

T09T2049064860

## SUSPENSE REPORT

82

Flashpoint	Activities	Required Information
BILLING	<ol style="list-style-type: none"> <li>1. Separates and directs claim electronically if possible.</li> <li>2. Hard copy claims are dropped by type.</li> <li>3. Account is updated with receipt stamp indicating claim was received or mailed.</li> <li>4. Account is tagged for follow-up date per profile.</li> <li>5. Automatic adjustment is made to each account based upon the profiled insurance.</li> </ol>	<ol style="list-style-type: none"> <li>1. Report of all claims old enough to bill but not clearing edits.</li> <li>2. Listing of all billed claims by day.</li> <li>3. A report/log is maintained by payor for adjustments to each account is detailed.</li> <li>4. Reconciliation to all out-patient registration and discharges.</li> </ol>

Figure 8

0949064-0460  
103420-49064860

90

92

Flashpoint	Activities	Required Information
FOLLOW-UP/ COLLECTIONS	1. Automated tickler file with follow-ups.	1. Follow-up listing based upon criteria including: <ul style="list-style-type: none"> <li>a. Account age</li> <li>b. Financial class</li> <li>c. Balance</li> <li>d. Account groupings</li> </ul> 2. Report of all accounts with variances to original denials.

Figure 9a

**FOLLOW-UP REPORT**

94

98

Account #	Name	Discharge Date	Follow-Up Date	Days Out	FC	Responsible Party

Figure 9b

**CONTRACTUAL ADJUSTMENT EXCEPTION REPORT**

Account #	Name	Expected Payment	Actual Payment	Variance	Current Balance	Ins. Co.

98

Figure 9c

T09120-49064860



# **FOLLOW-UPS BY REPRESENTATIVE REPORT**

100 Representative :

Account #	Name	FC	Discharge Date	Balance	Scheduled Follow-Up Date

**Figure 9d**

102

05849064-071604  
T09T20-49064860

# OPERATING REPORT

104	{	Gross Accounts Receivable (A/R) Days
		Excluding Self-Pay
106	{	In-Patient (IP) A/R Days by Financial Class (FC)
		Out-Patient (OP) A/R Days by FC
		IP and OP A/R Days by FC
108	{	IP A/R Balance by FC
		OP A/R Balance by FC
		Commercial A/R Balance by FC
110	{	IP Revenue by FC
		OP Revenue by FC
		IP Average Daily Revenue (ADR) by FC
112	{	OP ADR by FC
		A/R Balance
114	{	Cash
		Goal
		Actual
		Variance
116	{	Unbilled \$
		In-Patient
		Out-Patient
		Total
		Unbilled Days

Figure 10a

09849064.071604

118	{	<b>Bad Debt Write-off</b>
		Agency Placements
		Medicare Bad Debt
		Bad Debt Write-Off
		Charity Write-Off
		Other Write-Off
		<b>Total Write-Off</b>
120	{	<b>Bad Debt Recoveries</b>
122	{	<b>Credit Balance</b>
		Amount
		No. of Accounts
124	{	<b>Revenue by Service</b>
		In-Patient
		Out-Patient
		<b>Total Revenue</b>
126	{	
		<b>Days In Month</b>
		<b>Average Daily Revenue by Service</b>
		In-Patient
	{	Out-Patient
		<b>Total</b>

Figure 10b

128

Formula/Description	Source
Average Daily Revenue = Prior 3 months revenue ÷ # of days in prior 3 months	Prior 3 months revenue = Financial Class Revenue Summary
Gross A/R Days = Month end debit A/R ÷ Average Daily Revenue	A/R = Aged A/R Analysis

Figure 11a

130

132

Revenue Item	Standard for Comparison
Gross A/R Days	52
Medicare Days	32
Medicaid Days	45
Blue Cross Days	35
Commercial HMO/PPO Days	57
Self-Pay Days	62
In-Patient Days	50
Out-Patient Days	60
Ambulatory Surgery Days	48
Emergency Room Days	57
Clinic Days	30

Figure 11b

09049064 071604

134

Item	Formula/Description	Source	Standard
Total A/R	This figure represents the total debit accounts receivable. Excludes credits and bad debts.	Aged A/R Analysis (Total)	ADR x 52
Total # of Accounts	Total number of patient accounts with outstanding debit balances as of month end.	Aged A/R Analysis	2 x prior 2 months average # of total visits.
Credit Balance Dollars	The aggregate dollar amount of patient accounts with open credit balances.	Report Generator	Not to exceed 1.5 x average daily revenue, no credits over 6 months old.
Credit Balance #	The number of patient accounts comprising the credit balance accounts indicates the volume of work needed to resolve outstanding credit balance.	Report Generator	N/A

Figure 12a

109444-4906480

136

Item	Formula/Description	Source	Standard
Total Unbilled \$	The dollars of charges that have been discharged (excludes in-house) but not billed. An important indicator of future cash flow and accounts receivable resolution delays.	Unbilled report as of month end plus account dollars at the biller's desk not sent as of month end.	5 x average daily revenue
Unbilled Over Suspense	The unbilled dollars represented by patient accounts that have passed beyond the four days of suspense but remain unbilled.	Unbilled report as of month end plus account dollars at the biller's desk not sent as of month end.	2 x average daily revenue
Unbilled Days	Total Unbilled \$ ÷ Total Average Daily Gross Revenue = Unbilled Days.  The unbilled, discharged accounts expressed in number of days of revenue.	Total Unbilled \$ per this report.  Total average daily revenue per this report.	4

Figure 12b

0949064-014

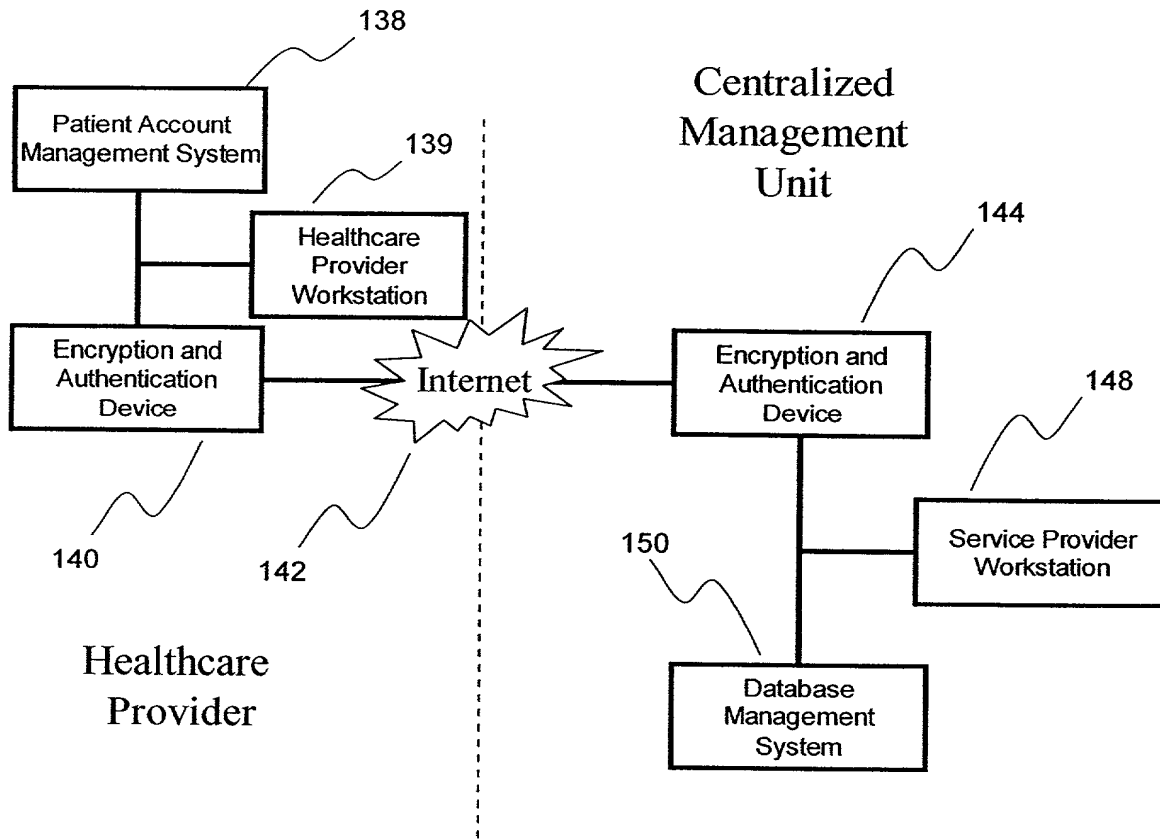


Figure 13

0949064-0401  
T03T204906460

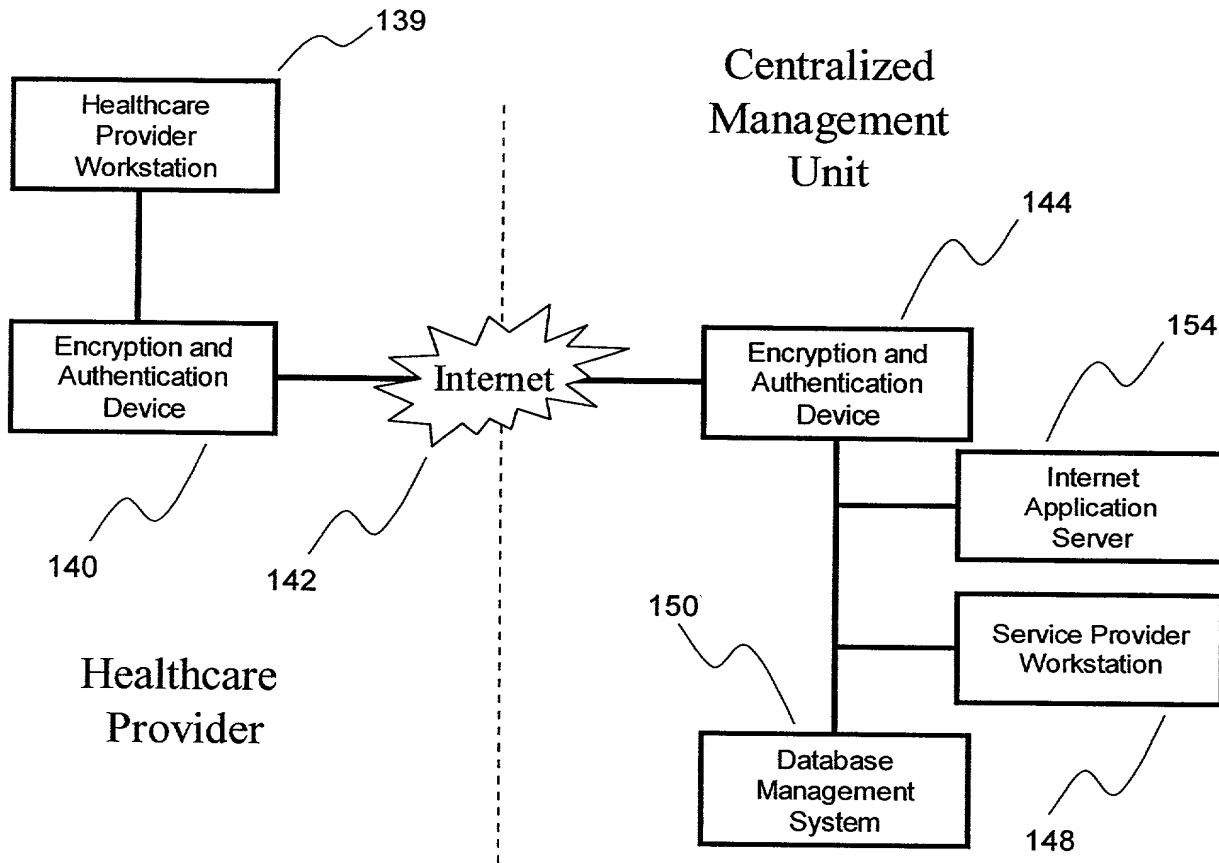


Figure 14